

PAGE	1	OF	2
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) CONSERVATIVE WARCHEST PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00557595 </div>
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Check if ☐ 24-hour report
 ☒ 48-hour report
 ☒ New report
 ☐ Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee Meath Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 4441 Klinge St, NW		Amount 7000.00	
City Washington	State DC	Zip Code 20016	Transaction ID : SE.4159 Date of Disbursement or Obligation MM / DD / YYYY 08 / 20 / 2014
Purpose of Expenditure Media Production	Category/ Type 001		
Name of Federal Candidate MARK LUNSFORD PRYOR	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	7000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Newsmax Media		Date of Public Distribution/Dissemination <div> <div>08</div> <div>31</div> <div>2014</div> </div>	
Mailing Address 560 Village Blvd Ste 120		Amount <div>1020.00</div>	
City West Palm Beach	State FL	Zip Code 33409	Transaction ID : SE.4161 Date of Disbursement or Obligation <div> <div>08</div> <div>31</div> <div>2014</div> </div>
Purpose of Expenditure Media	Category/ Type	001	
Name of Federal Candidate MARK LUNS福德 PRYOR	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought	<div>49800.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		8020.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

PAUL KILGORE

[Electronically Filed]

Date _____

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CONSERVATIVE WARCHEST PAC		FEC IDENTIFICATION NUMBER ▼ C C00557595	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Strategic Media Placement			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014		
Mailing Address 7669 Stagers Loop			Amount 41780.00		
City Delaware	State OH	Zip Code 43015	Transaction ID : SE.4160		
Purpose of Expenditure Media Buy		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 25 / 2014		
Name of Federal Candidate MARK LUNSFORD PRYOR			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 48780.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/Type			
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	41780.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	49800.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

PAUL KILGORE

[Electronically Filed]

Date

MM / DD / YYYY
09 / 03 / 2014

Signature